

CENTRAL INTELLIGENCE AGENCY

INFORMATION REPORT

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SECURITY INFORMATION

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COUNTRY Rumania

SUBJECT The Ministry of Health

REPORT

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1. [] the medical affairs of the armed forces were not controlled in any way by the Ministry of Health. [] the Minister was replaced in March 1952. [] Porje, a Communist, was the Ministry of Health officer in charge of personnel appointments.

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2. [] medical schools in the universities were subordinate to the Ministry of Health. The Ministry of Health was responsible for furnishing medical care to the population. There were only very few private practitioners because taxes were very high for such people. Only a very good or very famous physician with a steady flow of patients could afford to maintain a private practice. Private consultations were held only after regular duty hours, since the physicians had to serve as State-employed doctors.

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3. The Ministry employed the Government's administrative organizational pattern for its structure of units supplying medical aid to the people. This organizational structure for the country was set up in 1951 and, as of early 1952, was gradually being enforced on the country from Bucharest.

4. Administratively, Rumania was divided into the following: regiune, of which there were approximately 30. [] Each regiune was composed of several raions which were subordinate to the regiune. Subordinate to the raion were the circumscription, the lowest organizational unit. A raion was approximately equivalent to a county, and a circumscription was approximately equivalent to a township, which had several small villages subordinate to the town government.

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25 YEAR RE-REVIEW

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5. The Ministry of Health was located in Bucharest.

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it had the following divisions:

Prophylaxis, Maternity and Child Welfare, Tuberculosis, Venereal Disease, Malaria, Cancer, Education and Protection of Labor (a political arm).

6. Each regiune had an office of the Office of the Public Health Service for the regiune (Serviciul Sanitar de Regiune) which carried out the program of the Ministry of Health in the regiune. This office was headed by a Medical Chief.
7. Each raion had an office of the Raion Office of the Public Health Service (Seccia Sanitar de Raion). This office was also headed by a Medical Chief.
8. Each circumscription, the smallest governmental and Public Health Service subdivision in the country, had a public health representative. This man was a general practitioner.
9. The system worked as follows: a village patient seeking medical care was expected to go from his village to the nearest circumscription office. He knew where this office was because his village was an administrative unit within a circumscription. The physician there had an office, usually in a separate building. With his very meagre supply of drugs and equipment, he did what he could for the patient or referred him to the nearest polyclinic in the raion, presenting the patient with a referral slip. In practice, the village patient had little confidence in the circumscription doctor, who was frequently changed. However, there was no other medical care available to the villager, who had to have a referral slip to obtain the services of a polyclinic or hospital of the raion.
10. The circumscription office might or might not have a separate waiting room, and sometimes had a room to serve as a maternity ward. It was expected that the Ministry would eventually set up a maternity care hospital in a building separate from the circumscription office. The physician was sometimes supplied with a buggy, or obtained transportation as needed from the village authorities, since he had to pay an inspection visit to each village about twice a month.
11. Normally, it was expected that the patient would present himself to the doctor at the circumscription office. If the doctor was required to visit the patient at home, the patient had to pay for the cost of the transportation.
12. Only Communist Party members or workers on collective farms received free medical care. Others had to pay for the consultation and for the drugs supplied. The physician usually had a male or female assistant and a midwife. It was expected that each village have a midwife or that there be a midwife in a circumscription town.
13. The circumscription doctor was overburdened with administrative details. He was assigned by the Government, usually against his will, and might be reassigned to another village, to a factory, or to a railroad (CFR) medical position. There was a serious shortage of physicians in Rumania, a fact which added to the burden of the circumscription physician.
14. In the larger cities, a patient could present himself for medical care at a polyclinic. Both Cluj and Brasov had a polyclinic. Since all doctors in Rumania had to work for the State, the polyclinics were staffed by State-employed physicians. The polyclinic staff usually included specialists. Physicians served according to a duty assignment system, spending a definite number of days at a polyclinic, followed by a period of outpatient duty, and then working for a fixed period of time at a hospital.

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15. The polyclinic doctors, who had a record of the availability of beds in the hospitals, could refer a patient to a hospital for further treatment, or do whatever was possible for the patient at the polyclinic or by home visits. Patients could enter hospitals upon referral from polyclinics. In urgent cases, a Buro de Urgenta of a hospital could accept a patient directly, e.g. in cases of accidents.
16. In the hospitals, in addition to the staff of physicians who were rotated according to the above system, there were doctors, usually the chiefs of sections, who were permanently assigned to the hospital.
17. Factories had their own polyclinics to which the factory workers and their families had to go for medical care.
18. The system did not have the support of the doctors or the people. Personalized care was impossible, and bureaucratic paperwork slowed down the entire system of ministering to the people. The average doctor received 500 to 600 lei per month.

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Skilled workers received 800 lei per month. Most physicians had a second job, usually at a factory, to obtain more money, since 600 lei was not enough to live on.

19. The main cause for defective functioning of the health service was the political regime, which paralyzed the progress of medicine and caused it to regress. A secondary cause was that doctors in leading positions were incompetent and did not know how to organize medical assistance at the regime level. Physicians were punished for things over which they had no control, e.g., the occurrence of a contagious disease. Doctors, therefore, worked in fear and in a superficial manner; they prepared false statistical reports. Besides the poor wages, transportation was supplied irregularly, and check-ups were possible only in cases of grave illness. The physicians had scarcely any medicines, and few western publications. Their morale was very low.
20. The Ministry of Health was expected to carry on health campaigns, e.g. anti-tuberculosis, anti-venereal disease, anti-malaria, prophylaxis, immunization, etc. the anti-tuberculosis campaign the best organized, even at the circumscription level. The Maternity and Child Welfare program also functioned fairly well. Expectant mothers were given up to 45 days' vacation for the birth of their children. Vacations for children at the seashore and in the mountains were arranged.
21. At the regime level, the Ministry of Health maintained a Hygienic Section which was charged with the responsibility of enforcing sanitation. This section was advised of the outbreaks of infectious disease and its doctors instituted counter-measures and prophylaxis. The section was also expected to control vermin and all vectors of disease. This section was not very efficient. The Section had mobile service which took care of minor pest problems. Larger jobs were supposed to be assigned directly by the Ministry of Health, but, in 1948, the country suffered a plague of mice which remained unchecked and which seriously affected the crop yields. These mice were destroyed only by the onset of cold weather.

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Sewage Disposal

22. This problem was controlled according to plan by a Sanitary Service at the regime level. This service had the master plans for the sewage systems, and was expected to set up regulations concerning the use of wells and sewers or other disposal methods such as cisterns or latrines. The installation of new sewage systems was not supposed to be carried out without prior consultation with the Sanitary Service, but this regulation was not adhered to or enforced.

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